

# THE GROG

A Journal of Navy Medical History and Culture

A detailed engraving of Theodore Roosevelt, showing him from the chest up. He has a mustache, wears round-rimmed spectacles, and is dressed in a dark suit with a tie. The portrait is set within an oval frame that is part of a larger decorative border. The border includes a circular scale with markings and a small anchor at the top. At the bottom of the page, there is a decorative base with a central crest featuring a shield and the motto 'QUI PLANTAVIT CURAVIT'.

## Mr. Roosevelt & the Origin of the PRT

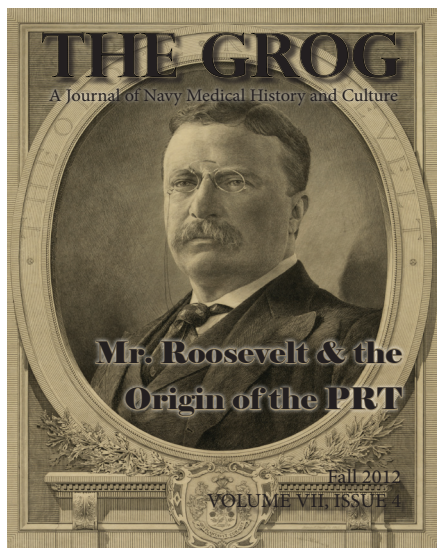
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A Journal of Navy Medical History and Culture

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**Portrait of President Theodore Roosevelt**

*Courtesy of Library of Congress*

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## INTRODUCTION

Fifty years ago, President John Kennedy discovered an executive order dated 1908 requiring all Marine officers to walk fifty miles within three days as part of a fitness test. Kennedy sent the executive order to the Marine Corps Commandant David Shoup proposing that he see if the “present day Marines” were as fit as their predecessors. The order originally signed by President Theodore Roosevelt was part of Teddy’s campaign to ensure leaders of the Army, Navy and Marine Corps were physically ready for service. Roosevelt’s fitness test would serve as the precursor of today’s Physical Readiness Test or “PRT.” Kennedy’s challenge to the Marine Corps would develop into the annual “Kennedy 50-mile” marathon that is still held today.

In this edition of *The Grog*, we look back at the origin of the PRT, a fitness exam that was originally molded in the image of our most physically active president. We follow this with a look back at the lives of two heroic hospital corpsmen through the eyes of Navy medicine’s most decorated officer in history, Joel T. Boone.

The article “Light’ em if You Got’ em: Notes on Navy Medicine ‘In Harm’s Way’” looks at how Navy nurses are portrayed in the Otto Preminger’s “Pearl Harbor” film starring the “Duke” John Wayne and Patricia Neal.

Our “Showcase” contains an original assortment of Military medical-themed historical essays, almanacs and book reviews ranging from mending “broken” Civil War soldiers and sailors to the mythic grail quest and how it applies to oral history.

As always, we do hope you enjoy the latest installment of *The Grog*, a humble tour boat on the vast oceans of Navy Medicine, past and present.



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# THE GROG

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*THE GROG is a free quarterly publication of the Communications Directorate dedicated to the promotion and preservation of the history and culture of the Navy Medical Department. Articles and information published in THE GROG are historical and are not meant to reflect the present-day policy of the Navy Medical Department, U.S. Navy, and/or the Department of Defense.*



**Roosevelt standing in the White House**

*Courtesy of Library of Congress*



# Mr. Roosevelt & The Origin of the PRT

Today's U.S. Navy espouses a "culture of fitness," and "Physical Readiness," but this was not always so. In the early 1900s, there were those inside the Navy's ranks who expressed concern over an increase of sedentary behavior and *avoirdupois* among the officer class. Navy Surgeon Albert Grunwell commented that naval personnel, both young and old, were prey to bad habits of inactivity. "Even on shore, whenever a cab or other vehicle is to be had it is seldom that even short distances are walked. This is certainly an unhealthy condition, for it is sure to lead to early bodily and mental torpor, if not to more serious consequences, not so remote as many imagine."<sup>1</sup> Navy Surgeon General Presley Rixey declared that ship life contributed to physical and mental stagnation and this was more noticeable through the progress of the cruise.<sup>2</sup> President Theodore Roosevelt seemed most appalled by this lack of physical conditioning, which he believed plagued the officers of all military services. In his autobi-

ography, President Roosevelt recalled, "Many of the older officers were so unfit physically that their condition would have excited laughter, had it not been so serious to think that they belonged to the military arm of the Government."<sup>3</sup> Not being one to sit aimlessly aside on any issue, Roosevelt charged forth with an attempt to change the desk-bound culture of the military. In the process, he would establish the forerunner of today's Physical Readiness Training Program (PRT).

Without question, our twenty-sixth president was a fitness fanatic who more than compensated in adulthood for the infirmities that plagued his childhood. Roosevelt enjoyed boxing, climbing, hiking, horseback riding, polo, rowing, tennis, swimming, weightlifting and even jujutsu all of which he did to the extreme. He brought exercise equipment to the White House and even had a boxing ring set up where he would spar with professional prizefighters, including the legendary John L. Sullivan.<sup>4</sup> Whether it was rigorous exercise

or outdoor life or political reform, Roosevelt seemed to direct the full force of his spirit into living the "Strenuous Life."<sup>5</sup> As part of this philosophy he believed nothing was gained without hard work; and one's moral and physical character was almost a patriotic duty.

On 2 December 1907, Roosevelt directed Secretary of War William Howard Taft to institute an annual physical fitness program in the Army. Two days later, his directive would be released as Army General Order No. 240.<sup>6</sup> On 14 May 1908, the War Department issued Army General Order No. 79 outlining the guidelines of the test, as suggested by Roosevelt.<sup>7</sup> Each year all Army officers were to undergo a "sufficient number" of field marches, a daily march of not less than thirty miles for three days in succession and a riding test of ninety miles covered in three days. Roosevelt also called for annual physical fitness reports to assess whether or not Army officers were "physically qualified for active operations."<sup>8</sup> Once the Army tested had been made, the former Assis-

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1. *Annual Report of the Surgeon-General, U.S. Navy*. Washington, DC: GPO. 1909, p56.

2. Rixey, Presley. Memorandum for the Secretary of the Navy Regarding the President's Suggestion as to the advisability of having a physical test for officers of the Navy. 20 November 1908. 116257. BUMED Correspondence Files. RG 52. National Archives.

3. Roosevelt, Theodore. *An Autobiography*. New York: Macmillan Company, 1914. p48.

4. Lansford, Tom. *Teddy Roosevelt in Perspective*. New York: Nova Science Publishers, 2005.

5. Term came from a speech given in 1899 in which Roosevelt exclaimed, "Above all, let us shrink from no strife, moral or physical, within or without the nation, provided we are certain that the strife is justified, for it is only through strife, through hard and dangerous endeavor, that we shall ultimately win the goal of true national greatness."

6. "Historical Background on Physical Fitness in the Marine Corps." USMC Historical Collections—Navy Department Library Reference Collections.

7. Ibid

8. Ibid



tant Secretary of the Navy set a similar course for his beloved Navy.

In a letter to Secretary of the Navy Truman Newberry, dated 17 November 1908, Roosevelt wrote: "Why should we not have a physical test for the navy, analogous to that which the coast artillery has? I have been unpleasantly struck by the lack of physical condition of some of the older officers, and even some of the younger officers."<sup>9</sup>

Under Roosevelt's close watch, Secretary Newberry, RADM John E. Pillsbury, Chief of the Bureau of Navigation, and RADM Presley M. Rixey, Chief of the Bureau of Medicine and Surgery, ironed out the new directive. Rixey suggested that all officers of the line and staff, ashore and afloat should be required to take the test as a means "to cultivate and inculcate the habit of daily exercise on the part of all officers, especially those of middle life and beyond...and to enable them to be always fitted for the maximum service they may be upon to perform."<sup>10</sup> Rixey echoed the president's beliefs that physical fitness was tied to readiness. On 20 November, Rixey wrote to the president expressing his concerns over the officers deemed unhealthy and likely to request a waiver from the exam. "It is the opinion of the Bureau



**Roosevelt did everything to the extreme, including horseback riding.**

*Courtesy of Library of Congress*

[of Medicine] that many such officers will suffer breakdown upon the advent of war and fail to render any adequate return to the Government which has, for many years perhaps, educated them for this very crisis. It should be remembered, moreover, that those physically incompetent take the place of others, with equal opportunities, would render most efficient service."<sup>11</sup>

Although Secretary Newberry alone believed flag officers should be exempt from the exam,<sup>12</sup> both he and Rixey agreed upon method of the annual physical fitness tests; it would be an endurance test worthy of the president.

Officers would have the choice of completing one of three options: a fifty mile walk within three consecutive days and in total of twenty hours; a ride on horseback at a distance of ninety miles within three consecutive days; or a ride on a bicycle at a distance of 100 miles within three consecutive days. All personnel taking the test would be examined by a Navy Medical Board to determine whether the test may be taken without risk and report again to the board upon completion of the test.<sup>13</sup> Officers would not be promoted unless they passed the exam and their medical record would now include a fitness report.

9. Roosevelt, Theodore to Truman Newberry. 17 November 1908. M & S No. 116257. BUMED Correspondence Files. RG 52. National Archives.

10. Rixey Memorandum.

11. Ibid

12. Newberry cautioned Roosevelt that the Navy Service differed radically from the Army even though the "object of a physical test, however, is the same in both services" and "to render it necessary for the officers in question to adapt the manner of their life to end in view, which is to be at all times fit for service afloat. It is necessary for all officers of the Navy to adopt habits of life and to so live as to conform to this purpose, and to make sure that this is accomplished, a physical test, analogous to that prescribed for the Coast Artillery, is practicable to officers of the Navy, exclusive of flag officers, when assigned to shore duty." The latter issue of rank would soon be put to rest by the president. "It seems to me that physical tests are peculiarly needed for higher officers alike in the Navy and Army. Can not these tests be this applied?"

13. Navy Department General Order No. 6, January 6, 1909.



The Roosevelt-endorsed physical fitness directive was issued as Navy General Order No. 6 on 4 January 1909. As one newspaper put it, “This [order] will give the corpulent sea fighters who have long occupied swivel chairs an opportunity to get into fit condition for the ordeal.”<sup>14</sup>

## CRITICISM

Although it may have stirred a spirit of the “strenuous life” among some, General Order No. 6 also inspired a dedicated flock of critics. One junior naval officer pointed to the ambiguity of the option to ride a bicycle, “Do you notice there isn’t anything in the regulations that bars *motor* bicycles?”<sup>15</sup> There was also no mention of monitors or explanation of how the Navy was to ensure participants actually walked, or rode the necessary mileage. Navy Surgeon James Gatewood complained that the endurance test would leave participants in a “depressed physical state” and therefore have a negative impact on physical readiness. After taking the test, Gatewood claimed that the watch officer on duty would be less able to perform, “especially if his feet are sore.” Gatewood believed the Navy would benefit more if it maintained golf courses, bowling alleys and tennis

courts at its installations.<sup>16</sup> Other Navy medical personnel proposed building gymnasiums where both officers and enlisted would have access to exercise “appliances.”<sup>17</sup> Another issue was personnel serving in the Tropics. Fifty mile walks in extreme heat were leading to cases of heat exhaustion.<sup>18</sup>

Whereas some believed the test proved injurious to older officers, many senior officers were able to handle it in stride. In the 1910 *Report of the Navy Surgeon General*, it is noted that several senior officers prepared their routes so they could stop for “refreshments” and “rub downs” periodically along the way.<sup>19</sup>

On 21 December 1909, General Order No. 6 was reissued with the addendum that all officers too unfit to take the exam for physical reasons would be ordered before a retiring board. The impact of this revision was immediate. After the first year of the test, 212 Navy officers were retired from service on account of “incapacity.”<sup>20</sup> This can be compared to the previous year in which 66 officers were retired on account of incapacity.<sup>21</sup>

The authors of Navy General Order No. 6 could do little to ensure its survival. Roosevelt would leave office in March 1909. Secretary Newberry’s term ended with the president’s. And



**Navy Surgeon James Gatewood was one of many critics of Roosevelt's endurance exam. He proposed establishing bowling alleys, golf courses, and tennis courts at Navy installations.**

*BUMED Archives*

despite being offered a third term as Surgeon General, RADM Rixey retired on 4 February 1910. His successor RADM Charles Stokes reported to the new SECNAV George von Meyer on 15 August 1910 that “After 18 months it has been plainly demonstrated that the objects sought for [with General Order No. 6] have not been attained. On the other hand much harm has been done to the service through the enforcement of this order.”<sup>22</sup> Dr. Stokes cited a case

14. “Test for Naval Officers.” *The Daily News*. 20 January 1909. Frederick, MD.

15. Ibid

16. *Annual Report of the Surgeon-General, U.S. Navy*. Washington, DC: GPO. 1910, p36.

17. Ibid, p37.

18. Ibid

19. Ibid

20. *Register of the Commissioned and Warrant Officers of the Navy of the United States and of the Marine Corps to 1 January 1910*. Washington, DC. 1910.

21. *Register of the Commissioned and Warrant Officers of the Navy of the United States and of the Marine Corps to 1 January 1909*. Washington, DC. 1909.

22. Stokes, Charles to SECNAV Meyer. 15 August 1910. 120900. BUMED Correspondence Files. RG 52. National Archives.





### **Navy Medical Students immersed in the morning exercise ritual.**

*Courtesy of Library of Congress*

of one of the Navy's most accomplished officers who began suffering from dropsy, a dilated heart and shortness of breath after taking the test. Although the test was appropriate for those under the age of thirty, Stokes contended that it could imperil the lives of officers over the age of fifty. Stokes called for the abolition of the physical test and proposed shorter walks (25 miles in two days) and an "exercise period for physical betterment" following the tenants outlined in the book *Mit System* (1904) by Danish gymnastics educator Jørgen Peter Müller.<sup>23</sup> The Navy published a revised General Order on 14 December 1910 (Navy General Order 94) that now applied to both the Navy and Marine Corps. Every quarter, officers would

be required to walk twenty-five miles in two consecutive days (five hours allowed for each day). For officers serving in the tropics "the distance walked and times required will be two-thirds" of those not serving in the tropics. Officers were allowed to take their second, third, and fourth quarterly exercises at their convenience and would not be required to take a physical examination. Finally, the General Order called to the attention of "practicing the Muller system of physical exercise" which was recommended.<sup>24</sup>

The fitness tests were further modified by General Order No 127 dated 14 October 1911, which reduced the distance to ten miles within the time limit to four hours. The period of quali-

fication was reduced from quarterly to monthly.<sup>25</sup> General Order 127 dated 14 October 1911 further emphasized Stokes' vision, but now excluded midshipman from the regulation, reduced the length of the walk to ten miles in one day.<sup>26</sup>

Roosevelt was not pleased with the adulteration of his program. In his autobiography, he insisted that a walk completed in one day was of no value in demonstrating endurance; only an exam that continued on succeeding days would prove an individual's physical condition.<sup>27</sup> The physical fitness examination was suspended on 6 April 1917 on account of World War I by Navy General Order 284. Remarkably, the PRT experiment in the Navy would be laid to rest for almost fifty years before being rekindled.<sup>28</sup>

Roosevelt set goals and standards at peaks few could ever climb. The original PRT may have been made in his image, but it is the act of reaching for that which is perceived to be unattainable that molds a person. While he was president, the gospels of exercise and "fit fighting force" had Roosevelt as its Apostle-in-Chief. Today's physical readiness training (PRT) program can claim an American giant as its patron saint.**ABS**

23. In his book Müller identified 18 exercises that emphasized breathing, stretching and included push-ups and sit-ups.

24. Navy Department General Order No. 94, 14 December 1910.

25. "Historical Background on Physical Fitness in the Marine Corps."

26. Navy Department General Order 127 dated 14 October 1911.

27. "Historical Background on Physical Fitness in the Marine Corps."

28. Ibid



# Remembering Schaffner and Litchfield: Corpsmen of the Sixth Marine Regiment

By VADM Joel T. Boone

*Historically, U.S. Navy medical personnel have served on the ground with and supported combat forces as far back as the Second Seminole War.<sup>1</sup> However, the standard for extensive support that continues to this day was truly set in the First World War. In World War I, Navy Medical personnel served in the 5th and 6th Marine Regiments and the 6th Machine Gun Battalion, all components of the famous 4th Marine Brigade, the most highly decorated American Unit in the war. The 331 Navy medical officers and hospital corpsmen of the 4th Brigade would earn a total of 684 decorations and awards. Among these was LCDR Joel T. Boone, one of seven medical officers serving in the 6th Regiment, and one of only two Navy physicians to have been awarded the Medal of Honor.*

*In September 1917, Boone and members of the 1st Battalion, 6th Regiment<sup>2</sup> sailed from Philadelphia aboard USS Henderson<sup>3</sup> disembarking at St. Nazaire, France<sup>4</sup>. The trip provided Boone the chance to assess the skills of some of the corpsmen he had selected to serve in the 1st Battalion. Unfortunately, being the strict perfectionist Regimental Surgeon and veteran of Marine Artillery Battalion in Haiti he was, Boone began to have some doubts about two of his sailors, raw recruits who were still new to the ways of the Navy. Years later when recollecting his memories of service, he admitted that he had misjudged these two young men, Fred C. Schaffner and John R. Litchfield. To Boone, their dedication represented the very best qualities of service. Below, present an excerpt from Boone's unpublished memoirs chronicling his service in France, and his memories of two selfless corpsmen.*

The personnel of the Navy, medical and dental officers and hospital corpsmen, had to become an integral part of the Marine Corps, but we never lost our Naval identity all the time we served with them overseas, and we were paid from Navy appropriations and through Marine Corps paymasters from Navy funds. We Navy personnel had been fitted out with Marine Corps clothes before we left Quantico and were issued all the duplicating equipment, except for arms and am-

munition, as were the Marines.

The first assemblage, when I had an opportunity aboard the ship after we were underway to look over my hospital corpsmen in group formation, while gazing at each one individually, I thought I had made some errors in selecting certain personnel that I had among the hospital corpsmen to be a part of the First Battalion. As a matter of fact, as I looked at certain ones, I wondered why in the world I ever selected that one or this one, particularly

if they looked physically unfit for field service. Some looked puny and underdeveloped, poor physical specimens. Also, I doubted the mental competency of some of them and questioned in my mind how they would have enough mentality to absorb the knowledge necessary for such a mission as we were set forth upon and to learn well the ways of the Navy and Marine Corps. I shuddered when I thought of some of them going into battle on missions of mercy and being required to face up to the en-

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1. In 1835, the Navy provided a small unit to aid in the campaign against the Seminole Indians. Medical care was provided by the likes of Surgeon John A. Kearney, USN.

2. The 6th Regiment was formed in Quantico, VA, in July 1917. It was comprised of three battalions and a headquarters contingent. In September 1917, the First Battalion was the first component of the Regiment to sail for France.

3. USS *Henderson* (AP-1) served as a troop transport in World War I. The ship was named after General Archibald Henderson, a U.S. Marine who had served aboard USS *Constitution* during the War of 1812. In 1944, the *Henderson* was converted to a Navy hospital ship named USS *Bountiful*.

4. St. Nazaire or Saint-Nazaire – harbor town in northwestern France that served as a major unloading point for U.S. military personnel in World War I.



**Dr. Joel Boone standing third from left in front of dugout in Verdun sector, 1918.**

*BUMED Archives*

emy, as would be required of hospital corpsmen as I readily foresaw it, just as much as it would be for the Marines in battle.

I remember two youngsters in their teens particularly, who impressed me very unfavorably. One was a skinny, undernourished, sallow, puny-looking youngster who did not seem very alert and not endowed with much intelligence. The other corpsman was an overgrown rosy-cheeked, curly-haired, baby-faced boy, physically developed, but to me looked of immature mentality. I was to learn after we got into the battle area that I had misjudged these youngsters, that I had failed to recognize real character and their qualities of dedication and their superb courage. For when we went into battle, the rosy-cheeked boy who was so immature looking, although fully developed physically, early in April [1918] demonstrated a great dedication and absolute selflessness. The company to which he was assigned was caught in a ravine

early in the morning in a driving rain, affecting a relief of other Marines in line in the Verdun area, and when this company became drenched with mustard gas shells, this young man performed a most heroic and self-sacrificing act. When I discovered him treating the Marine injured and gassed, I upbraided him for not wearing his mask. Very rigid instructions had been issued [requiring] everyone...must wear his mask when the alert signal for a gas attack was sounded, which, in the case of this gas attack on these Marines, the alert had been sounded, but perhaps not as promptly as it should have been. Consequently, the casualties from mustard gas on this particular occasion were terrifically high. When I upbraided this young man for not wearing his mask, he said politely, "Sir, I can't see to write out the name tags and give the care that I should to these victims of the gassing."

Of course, each casualty had to have a name tag attached to him for identification purposes upon his evacuation.

When I continued to admonish him, this young man said: "I am aware, sir, of the personal danger to which I am exposed by not wearing a mask, but I must take care of these men."

Shortly afterwards, I found him behind a bush vomiting profusely, and then I was aware that he himself was a mustard gas victim. This incident occurred at Fontaine St. Robert on the morning of April 13, 1918,...in the Verdun sector.

A few days after this incident, I visited the field hospital to which these casualties had been sent, and there were a very large number of them evacuated to that hospital, including the particular hospital corpsman to whom I have just referred. As I stood in the doorway of the ward of this field hospital, just a wooden barrack building, I beheld a never-forgettable sight. I stood speechless and stunned before I proceeded down the ward between rows of beds. Men were coughing terrifically in spasms and with many portions of the body badly burned, particularly the hairy regions where mustard gas was long retained, as in the axillae and pubic areas. Eyes were badly burned. Pus was streaming down their faces from their eyes, their lids of which could not be fully closed, due to the swelling and accumulated pus.

In this group in one of the beds was this particular hospital corpsman of whom I have just spoken. Two more days after my visit to this hospital, along with many others, this young man whose name was Fred C. Schaffner<sup>5</sup>, paid the supreme sacrifice. It was

5. Pharmacist's Mate Third Class Fred Charles Schaffner (1899 in Rock Island, IL-18 April 1918). His Distinguished Service Cross citation reads: "In the vicinity of Verdun, after having been gassed himself in the gas-shell bombardment of April 13, 1918, he courageously helped in the treatment of more than 100 cases of gas casualties, disregarding his own condition until overcome."



he who was the first casualty among the Navy hospital corpsmen in France to have paid that sacrifice. He had voluntarily given his life for his country and for his comrades.

Later I learned that 11 % of the casualties of the company which suffered the mustard gas attack to which I have referred, died and that it was recorded in the records of the American Expeditionary Forces that this was the highest mortality rate among the American forces during World War I from poisonous gas attacks.<sup>6</sup>

The other hospital corpsman of whom I erred in appraisal of him was the one I have described as undernourished, puny, sallow, and with no evidence of alertness and rather, looking at me, rather stupid. After we got to France in the base billeting area, I believe it was Bourdeaux, and ever after that, I found this youngster always busy, rather in a sense a lone wolf, but always doing something or somebody and to improve in one way or another the billeting and living spaces and the sick quarters for his comrades. He was never a loafer. His energetic and satisfactory way to meet and be helpful was on his record after there had been an opportunity to appraise his industry. As time went on and we got into the battle areas, he was very popular among the officers and men of the company to which he was attached.

They reported that he was fearless and would go beyond the strict confines of duty in order to render service. I was informed that he prowled around on the battlefield at night and day to res-

cue and treat the wounded. He would go out beyond the front lines into no man's land seeking wounded at night by himself. During the St. Mihiel battle this boy went beyond the front lines to bring back to safety seriously wounded and in this selfless act he was killed at Thiaucourt while doing so. A destroyer escort of the United States Navy was named the Litchfield for this young man, John R. Litchfield<sup>7</sup> . . . In naming this ship for a hospital corpsman, the Navy surely paid a tribute to all hospital

corpsmen wherever they have served.

With deep regret and sadly, I realized that I had early failed in the appraisal of two very courageous men.



**Pharmacist's Mate Litchfield, gone before his time.**

*courtesy of [www.navsource.org](http://www.navsource.org)*

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6. Out of the 250 men serving with this unit, 235 were evacuated to hospitals; 11% would die within 72 hours following the bombardment.

7. Pharmacist's Mate Third Class John Russell Litchfield (7 March 1899 in Flanagan, IL-15 September 1918) would be posthumously awarded the Navy Cross, Distinguished Service Cross, two Silver Stars. In 1919, the Torpedo Boat Destroyer USS *Litchfield* was named in his honor.

# Light' em if You Got' em:

## Notes on Navy Medicine "In Harm's Way"

Otto Preminger's film "In Harm's Way" (1965) gets its title from a quote attributed to John Paul Jones: "I wish no connection with any ship that does not sail fast, for I intend to go in harm's way." In Harm's Way is the story of two naval officers—CAPT Rockwell Torrey (John Wayne) and CDR Paul Eddington, Jr. (Kirk Douglas)—who try to recuperate from, and retaliate for, the Japanese attack on Pearl Harbor. Patricia Neal plays the Navy nurse, and Torrey's love interest, LT Maggie Haynes.

LT Haynes is on temporary assignment in Pearl Harbor. She is a woman who came to Navy nursing after her eight-year marriage ended in divorce. If South Pacific's ENS Forbush is the wide-eyed, ingénue, LT Haynes is her polar opposite—an experienced, world-smart woman who knows human behavior. When fellow nurse ENS Annalee Dorne (Jill Haworth) asks her where the "nerve" came to call CAPT Torrey for a date, Haynes coolly replies, "Annalee dear, past a certain age, men are apt to avoid making sudden moves where women are concerned. The women have to do the sudden moving, or else everybody stands still until it's too late. It gets late fast in these times. I like this man, and I want him to know it now." And when she hears that ENS Dorne is going to the beach with CDR Eddington she cautions her and states that he is a man with dark secrets. Ultimately, ENS Dorne's meeting with Ed-

dington will end tragically.

CAPT Torrey first encounters LT Haynes at Naval Hospital Pearl Harbor when she supervises the x-ray of his fractured arm and then escorts him to a Navy physician's office. They meet again at a party when she is dressed in civvies. When he states that he did not recognize her, Haynes replies, "I make a special effort not to look like a nurse." Even so, the viewer can recognize her character as a Navy nurse. We see her

wearing ward whites at the naval hospital while checking on patients, giving shots, and setting up intravenous drips. She talks about nursing school and her decision to join the Navy. Later in the film, when Torrey is serving as a rear admiral, Haynes asks him, "How do admirals feel about nurses?" Torrey nonchalantly replies, "The same way captains do."

Throughout the film CAPT Torrey and other officers refer to LT Haynes

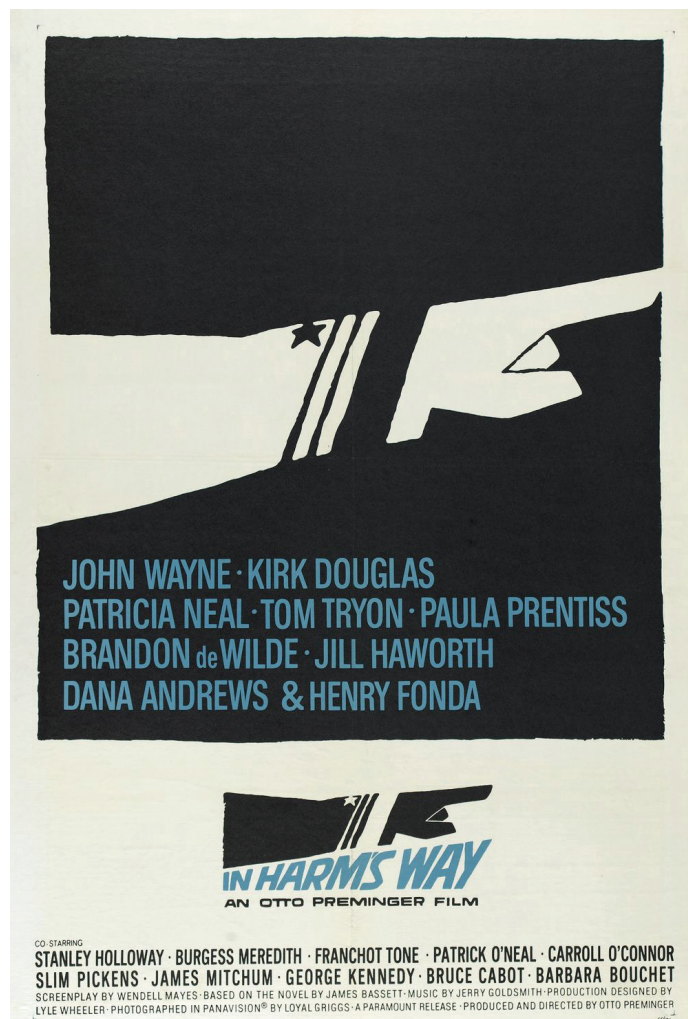


Image from: [http://www.impawards.com/1965/in\\_harms\\_way\\_xlg.html](http://www.impawards.com/1965/in_harms_way_xlg.html)





**John Wayne aboard USS *St. Paul* during filming of "In Harm's Way."**

*Courtesy of Navy History and Heritage Command*

as "Maggie" and "Miss Haynes," but never by rank. Although, part of the Navy since 1908, Navy nurses were not granted "relative rank" until 3 July 1942 and "full military rank" until 26 February 1944. Certainly, in World War II, it would not have been uncommon for their fellow Navy personnel to refer to them by the title of "Miss" or "Nurse." This said, LT Haynes is a junior officer and as such may be referred to Miss just as a male junior officer may be referred to as "Mister."

One of the most jarring features of the film is the use of the cigarette. Outside the naval hospital, LT Haynes is never without a cigarette. At a dinner party held at the house of Admiral Nimitz (Henry Fonda), every other Navy officer sitting at the table is smoking a pipe. Behind all this smoke is the unsettling fact that both John Wayne and Franchot Tone (Admiral Husband Kimmel) were fighting lung cancer during the shoot. After filming concluded,

Wayne had his left lung removed; Tone died of the disease three years later. Whether or not cigarette smoking was an indirect cause, actress Patricia Neal suffered from multiple strokes the year *In Harm's Way* was released. It is even more unnerving to learn that she was pregnant at the time.

The cigarette is arguably the most versatile prop ever used in film. All genres of film, from the days of D.W. Griffith to the present, from slapstick comedies to gritty war pictures, have leading characters who smoke. In *Harm's Way* is "inspired" by the Navy in World II, and though not politically correct by today's standards to say, cigarette smoking was once an integral part of Navy culture. Enlisted and officers—nurses included—smoked.

In the wartime environment, smoking was believed to calm the nerves and enable the sailor to "focus." As far back as World War I, cigarettes were a part of ration packs. If one doubts the role of tobacco in the war they should look at the photographs of the day.

One photograph in the Naval History and Heritage Command Photo Archives, dated 1944, shows an "endless" human chain of sailors carrying boxes of "Lucky Strike" cigarettes onto the USS *Missouri's* forward main deck. The caption reads "An average of five cases of cigarettes is [sic] smoked during a tour at sea." *ABS*



**"Endless chain" of Lucky Strikes being loaded aboard USS *Missouri*.**

*Courtesy of Navy History and Heritage Command*

*December 7, 1941 still represents the U.S. Navy's greatest disaster. In just over two hours, much of the Pacific Fleet had been destroyed or seriously damaged. Even before the last Japanese aircraft had disappeared over the horizon, the pride of the U.S. fleet—seven battleships that once projected U.S. might and prestige—either lay on the bottom or were too crippled to be of any immediate use. Bombs, torpedoes, and machine guns had taken a terrible toll, with the Navy alone losing 2,008 men. Navy medicine was represented at Pearl Harbor by a naval hospital, a partially assembled mobile hospital, and USS Solace (AH-5), the Navy's newest hospital ship. Heroic efforts to save lives by the men and women who manned these facilities began minutes after the first Japanese bomb fell and never waned until the last casualty was tended to. Below we offer answers to some common questions about the Navy Medical Department's activities at Pearl Harbor on that day that still lives on in infamy.*

### How large was the Navy Medical Department at the time of the attack?

In 1941, Navy Medicine comprised of 511 dentists, 195 Hospital Corps Officers, 10,547 hospital corpsmen, 524 nurses, 1,957 physicians. The Bureau of Medicine (BUMED) consisted of 75 officers, 32 enlisted sailors and 225 civilians.

### What medical facilities did the Navy have on Pearl Harbor?

**Naval Hospital Pearl Harbor.** This 250-bed hospital was one of the best equipped and staffed of the 21 Navy hospitals in operation in 1941.<sup>1</sup> Due to the concentration of naval personnel in Hawaii, additional medical support was provided by USS Solace (AH-5) which lay anchor off "Battleship Row" at Ford Island and a mobile hospital (#2) which was under construction at the time of the attack. Naval Hospital Pearl Harbor was slightly damaged during the attack by a crashing enemy plane.<sup>2</sup> In order to make room for the expected flow of casualties, ambulatory patients were evacuated from the wards to vacant buildings and five tents set up behind the hospital. The hospital received its first patients at 0900. Within the first three hours, the hospital received 546 casualties and 313 dead. At the end of December 7th, the hospital reached a patient census of 960 casualties. Medical effort at hospital was supported by officers and corpsmen from damaged battleships, two surgeons from Mobile Hospital # 2, and a hospital patient—a convalescing Navy physician recovering from a major surgery. To support nursing care, 114 additional nurses were supplied through the Red Cross.

**USS Solace (AH-5).** The Solace was one of two Navy hospitals ships in operation during 1941.<sup>3</sup> The hospital ship received its first patients at 0825. The ship discharged 141 patients to duty in order to make room for casualties. On December 7th, 132 patients were admitted aboard the ship (over 70 percent of casualties were burn cases.)

**USS Argonne (AG-31).** The Argonne was berthed in the first repair slip at the north end of the "1010" dock in Pearl Harbor. After the attack, ship medical personnel set up a "clearing station" on the dock to take care of men evacuated from ships or rescued from the water. At 1030, medical personnel set up a "field hospital" at the Officers' Club located on Navy Yard.

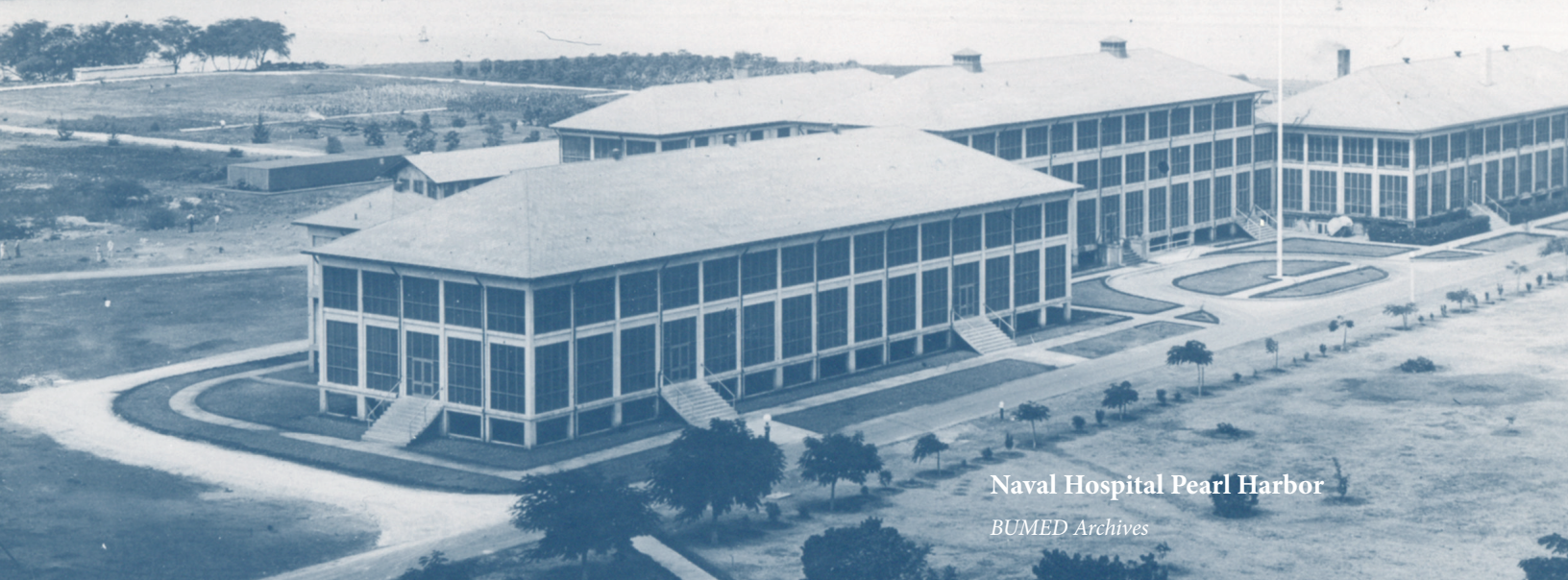
**Mobile Hospital # 2.** Despite being under construction at the time of attack, personnel attached to the facility were able to improvise a makeshift facility and assist in the care of 110 casualties.

1. Naval Medical Hospitals in 1941: CONUS: Annapolis, MD, Bremerton, WA, Brooklyn, NY, Charleston, SC, Chelsea, MA, Corpus Christi, TX, Great Lakes, IL, Jacksonville, FL, Mare Island, CA, Newport, RI, Parris Island, SC, Pensacola, FL, Philadelphia, PA, Portsmouth, VA, Portsmouth, NH, Quantico, VA, San Diego, CA, Washington, DC. OCONUS: Cañacao, the Philippines (until 10 December 1941), Pearl Harbor (Territory of Hawaii) and Mobile Hospital # 1 in Guantanamo Bay, Cuba. Largest Navy Hospitals in December 1941: San Diego, CA (1,360 beds), and Portsmouth, VA (1,199 beds).

2. The Laboratory building and animal lab were damaged and vacant Chief Petty Officer quarters were destroyed by a crashing Japanese plane.

3. Solace was commissioned on 29 July 1941. The other hospital ship in commission at the time was USS Relief (AH-1).





### **What were the final casualty totals?**

The attack left 2,403 military personnel and civilians dead, including 26 hospital corpsmen, two Navy dentists, and two Navy physicians. The loss of life was no greater than aboard the battleship USS *Arizona*. Forty-nine percent of those killed in the attack (1,177) were crewmembers of this ship. This included one medical corps officer, one dentist, and 15 hospital corpsmen. The battleship *Oklahoma* lost 429 crewmembers in the attack (including one dentist and five hospital corpsmen). Naval Hospital Pearl Harbor lost one staff member during the attack--a hospital corpsman (PhM1c Arthur Russett) was killed while on liberty.

### **What were the leading causes of casualties?**

Burns, compound fractures, flesh wounds (gunshots, shell, and shrapnel), penetrating abdominal wounds were common. Sixty percent of all casualties at Pearl Harbor were burn cases caused by burning fuel oil and/or flash burns. Most burns were extensive (up to 80 percent), and mainly first and second degree. Nineteen neuropsychiatric (shell shock) cases were reported at Naval Hospital Pearl Harbor.

### **How were Navy Medical personnel honored for their actions?**

Two Navy physicians and two corpsmen were awarded the Navy Cross for their actions during the attack. One Navy dentist posthumously received the Navy and Marine Corps Medal (LCDR Hugh Alexander, USS *Oklahoma*). Commendation ribbons were awarded to three Navy dentists, two hospital corps officers, 45 hospital corpsmen, one nurse, and 27 physicians.

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Website: [www.pearlharbor.org](http://www.pearlharbor.org)

# ADVENTURES IN ORAL HISTORY:

## The Grail Knight's Quest(ion)

The heroic quest of discovery is one of the hallmarks of Arthurian myths. Knights of the Round Table frequently journey into the depths of the unknown ostensibly looking for fantastical beasts, relics, or simply adventure. Invariably at journey's end, after encountering an assortment of Green Knights, Fisher Kings, and Golden Stags, the hero is changed. The arrogant knight finds humility, the frivolous finds maturity, and a glimmer of wisdom is obtained by all. The most famous of these adventures is the quest for the grail, sometimes known as the "Holy Grail" because of its association with Christian mysticism. In the host of the Arthurian tales or "romances," the grail is represented by everything from jeweled dishes, cauldrons, and chalices to mysterious stones and even a severed head!

Chief among the grail knights is Parzival (Percival) a relative outsider to King Arthur's court. Early in his journey he finds himself in the castle of King Anfortas<sup>1</sup>, where he is treated to a spectacle of great wealth, bounty of food, and a grand procession involving a stone (of plenty). Despite these riches, the ancient King Anfortas sits not on a throne but on a couch silent,

and hiding his weariness under a beard "greyer even than mist." Parzival sees all, but questions nothing of his host, nor inquires about the stone, which produced the sumptuous feast of food and drink. The next morning when the grail knight awakes, he finds the riches gone and the castle vacant. As legend has it, Parzival's key to the grail and the quest would have ended if he had asked his host a lone question, "Sir, why is it you suffer so?" Parzival will later learn that the search for the grail is actually a compassionate quest of curiosity.

In some sense we are all grail knights searching for knowledge and unlocking mysteries of our modern world. At the same time, we do not need to venture into a wasteland or an enchanted castle to obtain information we seek. From the comfort and safety of our homes technology has enabled us to obtain knowledge and connect with many other "seekers" virtually over the course of a day. But the quantity of interactions and accumulation of knowledge is often gained at an expense. In this virtually extroverted world, it is easy to sacrifice the time it takes for face-to-face contact. Our search for knowledge can become hollow and vacant like the grail king's castle. Sometimes we need to step

away from our computer screens and outside of our iWorlds and brave human interaction.

We all know people who have led extraordinary lives and/or witnessed remarkable things, but rarely do we step out of our own shells to discover their stories. Our own missed opportunities of human interaction can play out like Parzival's squandered opportunity of grail discovery. If there was ever a tool made for these moments it is "oral history." Oral History is a means of capturing stories and "firsthand" history through open-ended questions and recording them for posterity. Oral history is tool for everyone and we encourage all of our readers to learn more about their families, friends, and colleagues. Remember the quest for wisdom is best served not by an Excalibur, but by a compassionate curiosity and the willingness to listen and learn. **ABS**

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1. Anfortas is the name Wolfram von Eschenbach gives to the "Fisher King," a stock character in the grail romances. While fighting for the love of a woman Anfortas is wounded in the genitals by a poison spear. Unable to find a cure, he lives life in extreme pain and kept alive only by the presence of the grail. When Parzival later returns to the grail castle and asks why "he suffers so?" Anfortas is freed of his pain and Parzival takes his place as the keeper of the grail. Few grail stories explain the moniker the "Fisher King." Sometimes he is a maimed king whose lone activity is fishing. In Robert de Boron's *Joseph d'Arimathie*, he is able to use the grail to multiply his daily catch.





Wolfram von Eschenbach, knight and poet (r)  
from *Manesse Codex* (ca. 14<sup>th</sup> century)  
*Courtesy of University of Heidelberg Library*

# Surgeon Ambler's Weather Log Gets Digitized

In 1883, Lieutenants Giles B. Harber and William H. Schuetze journeyed to Siberia's Lena Delta to retrieve the bodies and personal effects of the crew of USS *Jeannette*<sup>1</sup>, an ill-fated expedition to the North Pole. Among the remains was the body of Passed Assistant Surgeon James Markham Ambler (1848-1881), his personal journal and a logbook of atmospheric conditions that he maintained throughout the expedition (1879-1881). One hundred and thirty years later, Dr. Ambler's journal and weather observations, in the respective collections of the National Archives (NARA) and the Bureau of Medicine (BUMED), are central



**The ill-fated Arctic Steamer USS *Jeannette***

*All photos from BUMED Archives*

in the "Old Weather" project headed by the National Oceanic and Atmospheric Association (NOAA) and NARA.

Officially launched in October 2012, the "Old Weather-Arctic Project" was established to help scientists recover Arctic and worldwide weather observations made by United States' ships since the mid-19th century. As part of this project, logbooks are

photographed and digitized by imaging specialists from NARA and transcribed by volunteer citizen scientists. These transcriptions will help contribute to climate model projections and will improve the knowledge of past environmental conditions, weather patterns and variability as well as enable historians to track past ship movements and tell the stories of the people on board.

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## **Passed Assistant Surgeon James Markham Ambler, USN**

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1. On 8 July 1879, USS *Jeannette* departed San Francisco on a voyage to the North Pole in an expedition funded by the eccentric publisher James Gordon Bennett and manned by the U.S. Navy. Less than two months later the ship was encased in the ice. For two years the ship and crew lingered. In June 1881 at 77 degrees 15' N the *Jeannette*, already trapped was crushed by the ice. The crew abandoned ship boarding a whaleboat and two small cutters, with 60 days' provisions and journeyed south. A terrible storm separated the boats. Several days later the two remaining boats, under the commands of CAPT George De Long and Chief Engineer George Melville, came ashore many miles apart on the Lena Delta in Siberia. On 19 September, Chief Engineer Melville and his party encountered three natives who fed and sheltered them and then showed the way to a Russian settlement. De Long's party, which included Dr. James Markham Ambler, would die of starvation and cold.





**L to R: Michael Rhode, Navy Medicine Archivist, BUMED, Mark Mollan, Navy/ Maritime Reference Archivist, NARA, and Elizabeth Hope, Imager, NARA, huddle around Dr. Ambler's "Atmospheric Observations" logbook, Nov. 2012**

Mr. David Ferreiro, Archivist of the United States, believes this cooperative effort will benefit many organizations and individuals. "As a result of this partnership, we all come out ahead: NOAA gets the data it needs; NARA gets copies of the digital files; and the public gets access to thousands of pages of these popular records that provide a wealth of historical information on operations of the vessels, diplomacy, individuals, important historic events, and details of day-today life on the sea."

Although, "Old Weather" is interested in collecting pertinent information from all historical repositories, most of the logbooks and journals being captured are from NARA's collection of U.S. Navy, U.S. Revenue Cutter and Coast Guards logs. Ms. Jane Lubchenco, Under Secretary of Commerce for Oceans and Atmosphere, and Administrator of NOAA sees NARA's collection of ship logbooks as one of the "largest and most underutilized collections of meteorological and marine en-

vironmental data in existence" and will offer a platform for "new analyses" and "new insights into the past state of the Earth's climate."

Although satellite records are essential tools in climatology, these records only go back to 1979. Remarkably, information retrieved by old Arctic voyage records will offer a greater window from which to study the trends and science of Arctic weather conditions.

For more information on the Old Weather Project and find out how you can participate please see the website: [www.oldweather.org](http://www.oldweather.org).

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"Citizen Science"

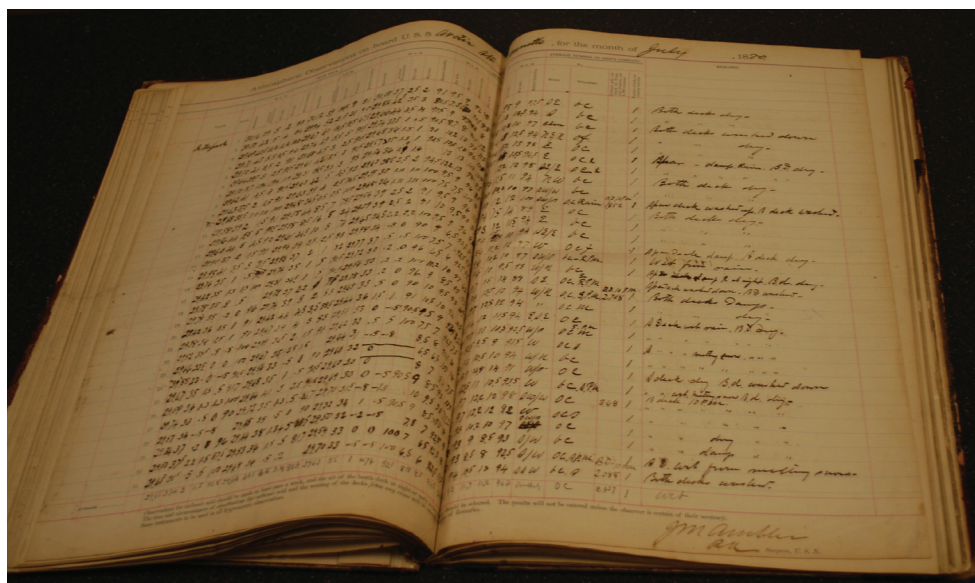
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"Old Weather Project"

<http://www.oldweather.org>

"Old Weather Project Launch"

<http://blog.oldweather.org/2012/10/25/oldweather-arctic-launch-event/>



Ambler's "Atmospheric Observations" logbook aboard USS *Jeanette*, 1879-1881. Logbook contains statistics on barometer, temperature, and wind from St. Michael's, British Columbia to the North Pole. Digitized version of book will soon be made available online through NARA's Archival Research Catalog (<http://www.archives.gov/research/arc>).



# MENDING BROKEN SOLDIERS

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THE UNION AND  
CONFEDERATE  
PROGRAMS  
TO SUPPLY  
ARTIFICIAL  
LIMBS

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## **Mending Broken Soldiers: The Union and Confederate Program to Supply Artificial Limbs**

by Guy R. Hasegawa.

Southern Illinois University Press, Carbondale and Edwardsville, 2012. 126 pages (including appendices).

Reviewed by Mr. Michael Rhode, BUMED Archivist

**G**uy Hasegawa's new book about Civil War medicine is slim – the text only covers eighty pages – but it covers a little-known aspect of the War. The Civil War marked the first time the United States government committed to providing artificial limbs for veterans wounded in wartime. This promise, soon copied by the Confederacy, continues to the present day.

Unsurprisingly, the great majority of the Union's 45,000 amputees – not all of whom would need a limb – were in the Army. Army Surgeon General William Hammond was assigned to administer the \$15,000 that Congress allocated to buy limbs in July, 1862. In turn, he formed several committees to make recommendations on the maker and types of limbs. Hasegawa goes into detail about the committee's decisions and the makers. Eventually "The program, as initially implemented, called for eligible soldiers and sailors – the program did not entitle commissioned officers to a limb [until a few years after the war] – to be admitted to one of the designated [Army] hospitals, where they would be fitted for limbs provided by the maker assigned to that facility." (p.28) The maker would receive \$50 per leg from the government (the technology for arms was not as advanced). As the War continued, the process became more streamlined and sailors could apply for a limb at an Army medical director's office, examine a selection of them, and then "be given free transportation to a designated city for the taking of measurements and free lodging there in an army hospital while waiting for the limb to be made and shipped back... (p. 40).

The Confederacy's system was volunteer-based and struggled more. By the end of the War, no rebel sailors had received a limb. In the Union, "The number of limbs provided to sailors were small – fourteen according to the [Army] surgeon general and seventy-one according to the secretary of the navy." (p. 43) Hasegawa does not provide a further breakdown between sailors and marines, but in contrast to the Navy's maximum of 71 limbs, the Army had 6,700 recipients by 1867. The injuries suffered during the War did not end with the War of course, and the program continued throughout the 19th century with the benefits being expanded by succeeding Congresses.

Hasegawa has a small section of illustrations which definitely help the reader picture the crude (at least compared to today's computer-controlled versions) limbs, and the wounded veterans who faces look much the same as today's. There is a dictionary of makers and companies as an appendix, and another listing the number of limbs supplied by each maker as of 1866. Endnotes, a bibliography and an index round out the book.

# Navy Physicians Celebrate 100 Years



**Left.** Dr. Carleton at his 100<sup>th</sup> birthday celebration on 1 December 2012.

**Below.** LT Carleton, physician aboard USS *Solace* and one of the firsthand responders following the attack on Pearl Harbor.

*Courtesy of Carleton Family*

A native of Newton, MA, Dr. William Carleton graduated Harvard Medical School in 1939 and interned at Worcester City Hospital (1939-1941). He entered the Navy as a Lieutenant (Junior Grade) in August 1941. In September 1941, Dr. Carleton received orders to join the crew of the newly commissioned hospital ship USS *Solace* (AH-5). The *Solace* was bound for the Pacific where she would join the fleet at Pearl Harbor in what was then the "Territory of Hawaii." On the morning of 7 December 1941, *Solace* lay anchor just off "Battleship Row" at Ford Island during the surprise attack. While the *Solace* did not come under direct fire, several errant missiles did strike the ship causing minor damage. Dr. Carleton was among those who performed heroically trying to save lives after the first Japanese bombs fell.

Recently, when asked about his thoughts on turning one hundred, Dr. Carleton said, "Sometimes I will be sitting with a group of old people and say to myself, 'What the hell am I doing with all of these old people?' I never really felt the age up here [points to his head]. My body feels it. My legs are weak, but I think younger."

1941







**Left.** Dr. Berley at his 100<sup>th</sup> birthday celebration in August 2012.

*Courtesy of Mr. Jan K. Herman*

**Below.** Then "CDR" Berley standing with his wife.  
*BUMED Archives*



**R**ADM Ferdinand Berley, MC, USN (Ret.), recently celebrated his 100<sup>th</sup> birthday. To have reached his centenary is remarkable enough. But to have attained this milestone after having been a POW during World War II is truly astounding. After his capture at Corregidor in May 1942, Dr. Berley had a variety of prison experiences. His odyssey took him first to Bilibid, a dreadful prison in Manila, where thousands perished from disease and starvation, then to the farm camp of Cabanatuan, and finally to Japan itself where he worked in the prison hospital at Tsumori Camp in Osaka caring for American and Dutch POWs. Shortly thereafter, the Japanese sent him to Ichioka, a nearby hovel masquerading as a hospital, the first of several wretched POW camps, before he was liberated in 1945.

Following repatriation, Dr. Berley continued to serve in the Medical Corps, attaining the rank of rear admiral before retiring in 1959. He then

practiced surgery in Jacksonville, FL, until he retired in the mid-1980s.

In 2005, he accompanied former Medical Department Historian, Jan Herman, and a film crew to the Philippines for the making of "Guests of the Emperor," part 3 of the World War II documentary series, Navy Medicine at War.

"It was a privilege and an honor to be part of Dr. Berley's 100th birthday celebration in Jacksonville in August," Jan Herman reported. "He is truly a remarkable man, not only for surviving

an ordeal that many soldiers, sailors, and Marines, did not, but for providing expert and compassionate medical care to the men in those prison camps. More than a few of them came home as a result of Dr. Berley's dedication and skill. But, more importantly, RADM Fred Berley, without doubt, represents the 'The Greatest Generation's' finest."

A product of the  
Communications Directorate  
Bureau of Medicine and Surgery